

James Obrians

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Male

White

Age 45

Married

Widow

Divorced

Divorced

Number of children living

Female

Colored

Single

Widower

Husband of

Wife

Father's

Mother's

Name

Maiden Name

199

Cause of

Primary

How long sick

Diphthery

Death

Immediate

Diphthery

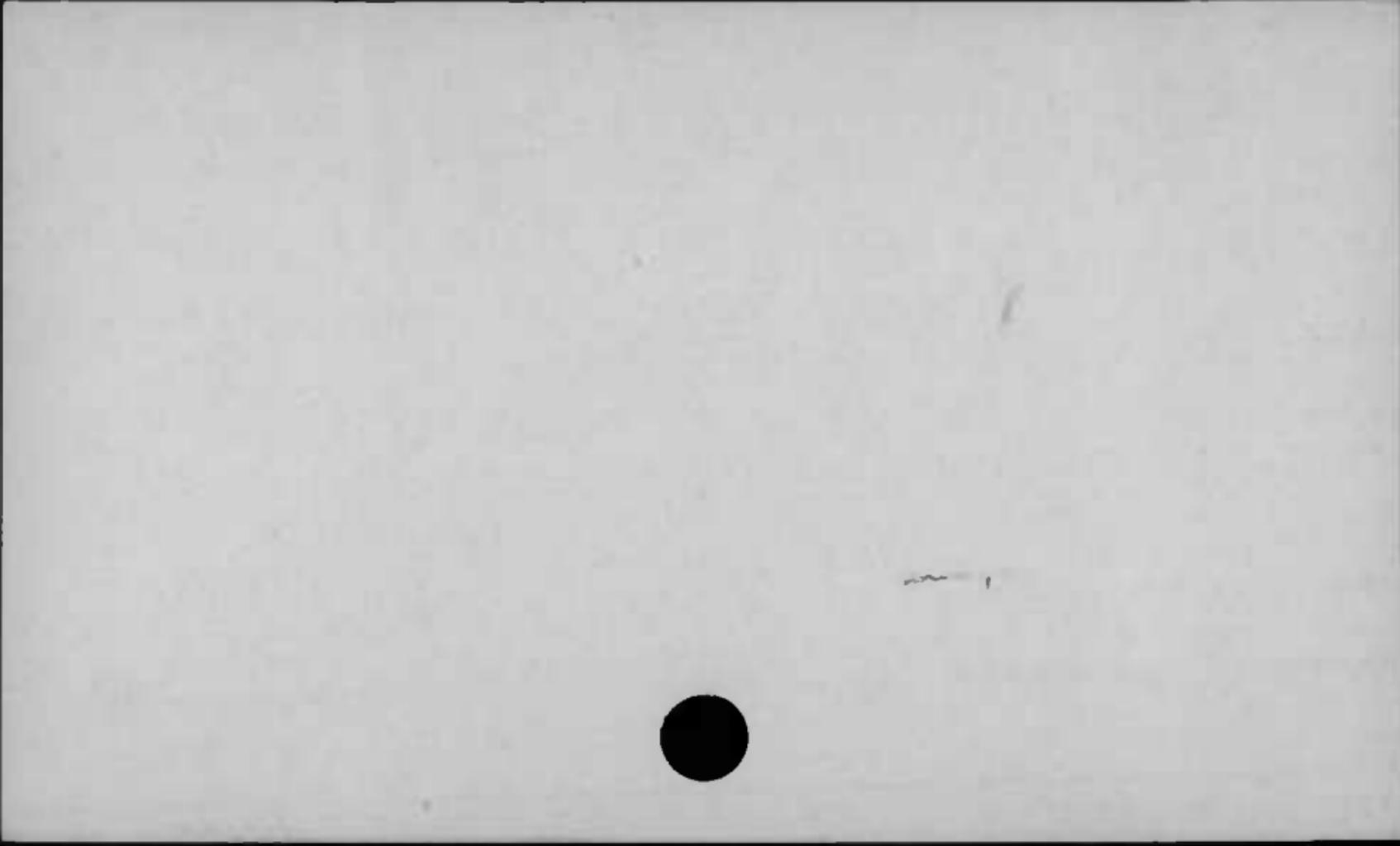
Accident, Suicide, Homicide

Reported by

Emil W. Jones. She has been poor but a short time  
and I know but little about him

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hattie Britton

Town<sup>+</sup> County

Covefield Somerset

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 12 21

Age 17

Md

Non

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of X

Wife

Father's

Name

Wm. A. Britton

Mother's

Maiden Name

Mollie Coulbourn

Cause of

Primary

Tuberculosis

How long sick

One year

Death

immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lucy Nelson Cook

Died at <sup>Town</sup> Crisfield      <sup>County</sup> Somerset      <sup>State</sup> MARYLAND

Date 1902      Month 12, Day 7      Age 33, M.      D. Native of Md.      Occupation nurse

Mate      White      Married      Widow      Divorced  
Female      Colored      Single      Widower      Number of children living \_\_\_\_\_

Husband of

Wife

Father's Name

John W. Cook      Mother's Name Noah Elmer

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall

179

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Westover</u>		Town		County <u>Somerset</u>		MARYLAND	
Date of death 1902	Month <u>Dec.</u>	Day <u>20</u>	Age <u>6</u>	Years <u>6</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>boy</u>	Color or Race <u>White</u>	Occupation <u>None</u>		Birth-place <u>Md.</u>			
Married, Single or Widowed <u>Single</u>							
Name of Wife or Husband <u>-</u>							
Father's Name <u>West-Worsey</u>						Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Alberta Worsey</u>						Mother's Birthplace <u>Md.</u>	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis 29 How long 6 months  
Immediate toxemia How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. Smith  
Pr. Hause, M.D.

Accident or Suicide?



Fred Flurer

Fairmount Somerset

Died at

MARYLAND

Date 1902

Month Dec Day 13

County

Y. 56

M. -

D. -

Native of Pa

Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

Annie Flurer

Father's Name

Frederick Flurer

Mother's

Maiden Name

Elizabeth Anna Clark

Cause of

Primary

Hemiplegia

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. E. Dickinson

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Leah Ellen Karmann

CERTIFICATE OF DEATH

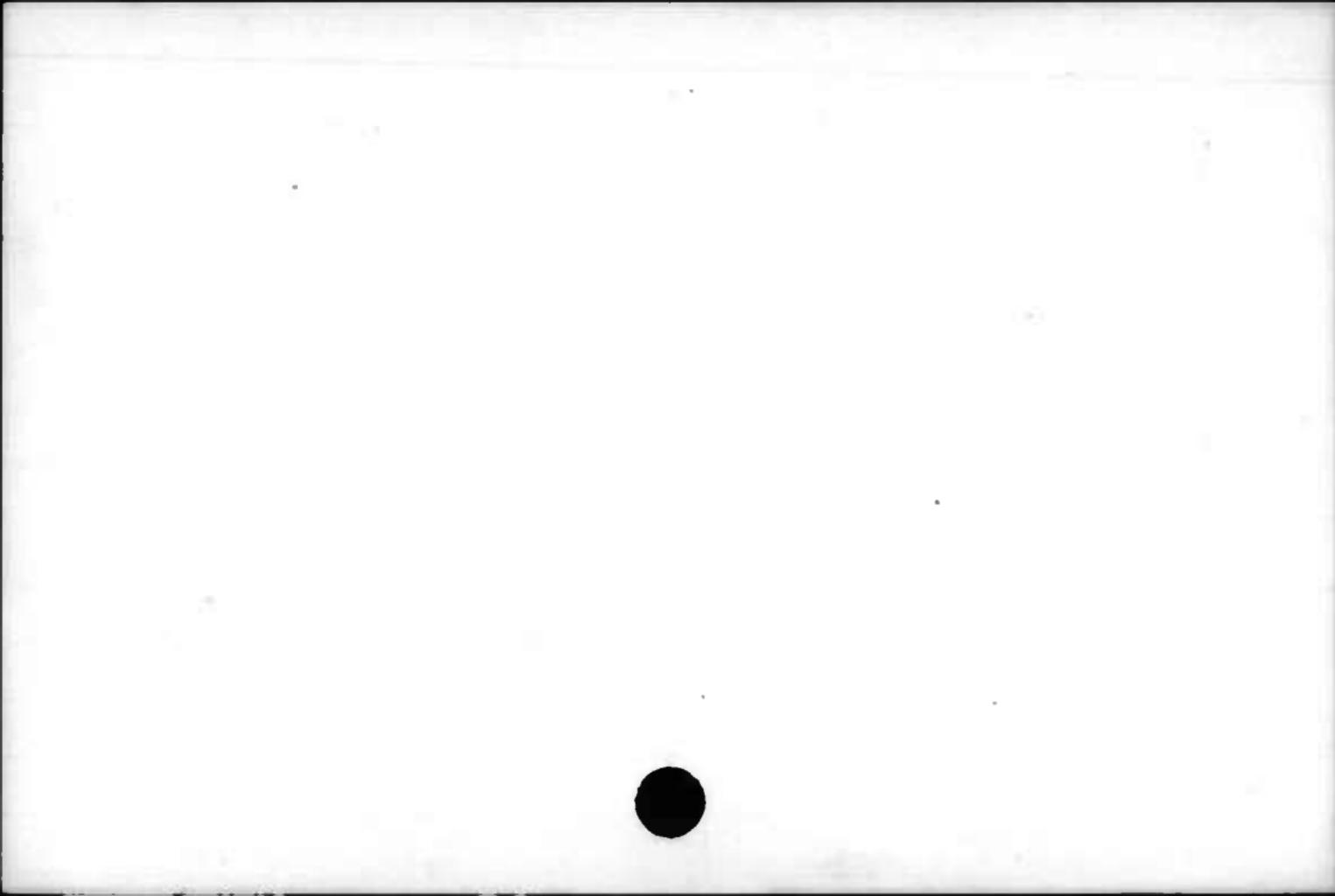
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec.	Day 10	Years 42	Month 10	Days 4
Sex Female	Color or Race Black	Birth-place Accomac Co. Va			
Married, Single or Widowed	Occupation	Housewife			
Name of Wife or Husband	Joseph Daniels				
Father's Name	John Karmann				
Mother's Maiden Name	Margaret Broadwater				
Name of person giving Information	Joseph Daniels				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pathosis Pulmonalis		How long nearly 3 years
Immediate	Asthma		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D.B. Brown M.D.
		Address	Marion Station
Accident or Suicide?		Somerset County	



Name  
in  
Full

Leah Horsey -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bentfield.		Town Somerset	County	MARYLAND		
Date of death 1902	Month Dec.	Day 12	Age 81-	Years	Months 9.	Days
Sex Female	Color or Race white			Birth- place Somerset Co. Md		
Married, Single or Widowed Widowed	Occupation Housewife					
Name of Wife or Husband Albert R. Horsey.						
Father's Name Thomas Nelson -	Father's Birthplace Somerset Co.					
Mother's Maiden Name Nancy Slating	Mother's Birthplace Somerset Co.					
Name of person giving Information A. R. Horsey.	How related to deceased Son -					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

do

How long  
18 months -

Immediate

Pneumonia

How long  
one week

Are the name, age, sex, color, date  
and place correctly given above?

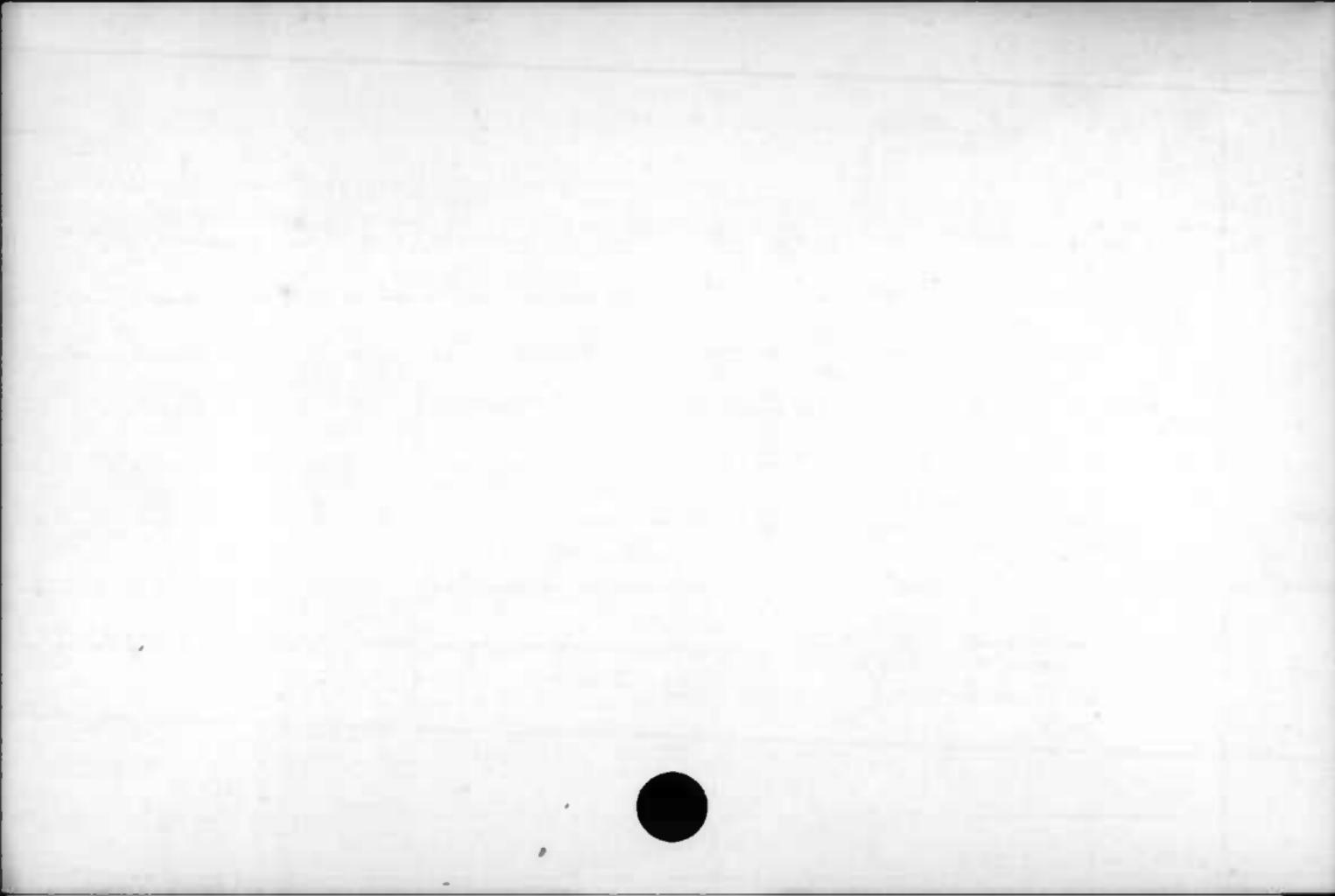
YU.

Signature of  
Physician

Address

A. S. Allinson  
Bentfield, Md

Accident or Suicide?



Name in Full

### Certificate of Death

Death Certificate of Death  
Bennie F. Jones, Jr.  
Town County  
Dear Island Somerset MARYLAND  
Month Day Y. M. D. Native of Occupation  
1902 Dec 3 35 - - Mid housewife  
Male White Age Married Widow Divorced Number of children living  
Female Colored Single Widower 5

Husband of	Alfred Jones	
Wife	Lorraine Beckers	
Father's Name		Mother's Name
Cause of Death	Primary: Pulmonary Phthisis Immediate: Haemorrhage	How long sick 18 months
		Accident, Suicide, Homicide

Reported by W.H. Alexander of U.S.  
Address Gales Island • Sommers Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alexander W Laird

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	7	Month Dec	Day 2	Age 46.	Years	Months	Days
Sex	Male -	Color or Race	white		Birth-place	Somerset Co. Md.	
Married, Single or Widowed	Widower -		Occupation	Manner			
Name of Wife or Husband	Annie Slating						
Father's Name	Thomas Laird -		Father's Birthplace	Somerset Md.			
Mother's Maiden Name	Ward -		Mother's Birthplace	Somerset Md.			
Name of person giving information	J. D. Laird		How related to deceased	Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption -	How long	2 years
immediate	Consumption	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Addison
		Address	Culifield, Md.
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant.

CERTIFICATE OF DEATH

Died at <u>Crisfield</u>		Town	County <u>Somerset</u>		MARYLAND	
Date of death 190	Month <u>21 Dec.</u>	Day <u>7</u>	Age <u>1</u>	Years <u>born</u>	Months <u>dead.</u>	Days
Sex	Color or Race <u>White</u>	Occupation				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Chas. Maddix</u>		Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Edith Sterling</u>		Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Chas. Maddix</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	How long
Immediate <u>Born Dead.</u>	How long

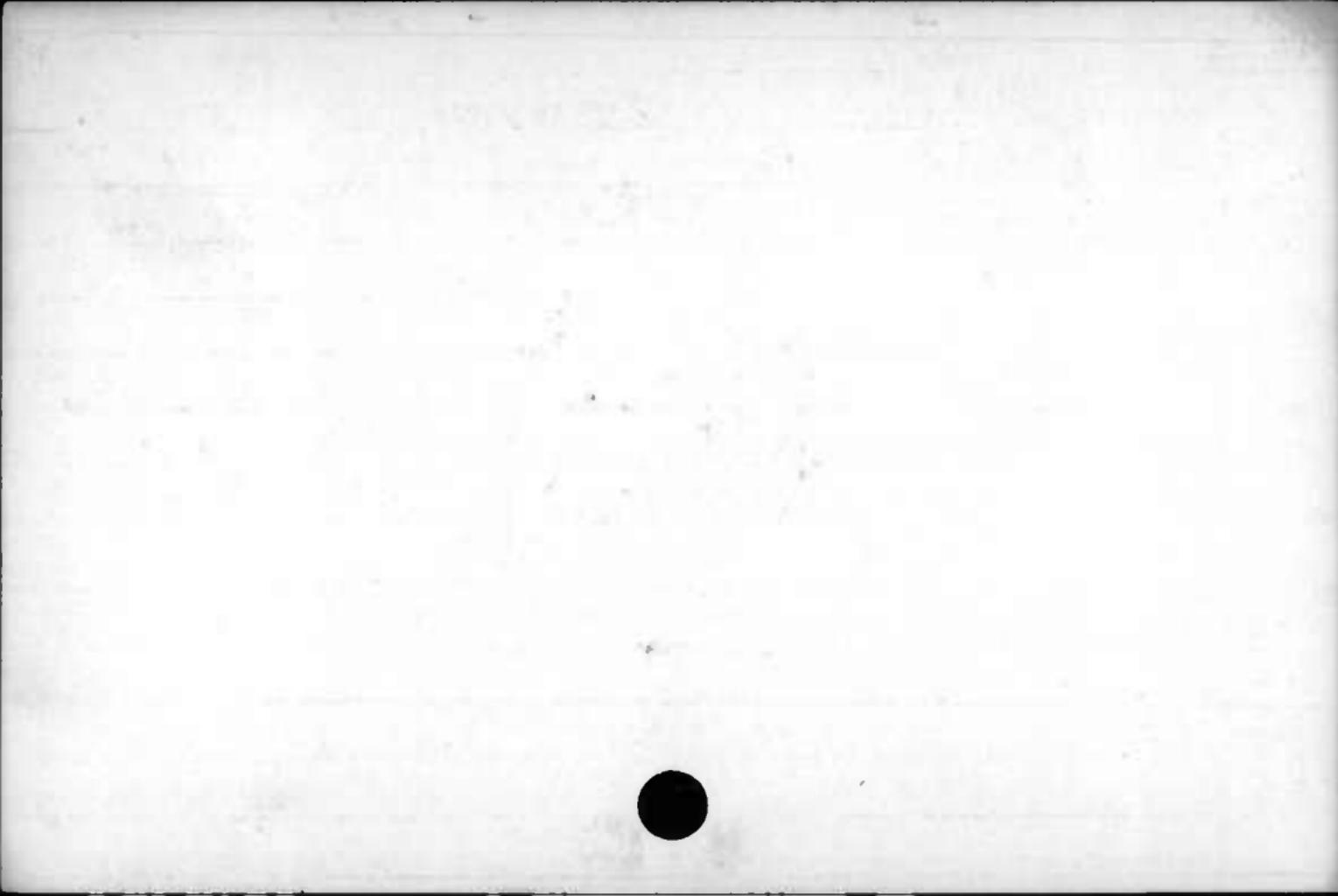
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Lawson  
Crisfield Md.

Accident or Suicide?



Name  
in  
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1902	Month Dec	Day 3	Age 23 day	Months —
Sex Boy	Color or Race Black	Birth- place Marion Sta	Days 23	
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name Geo Mills	Father's Birthplace Waynesboro			
Mother's Maiden Name Rosa Manocan	Mother's Birthplace Tolat Co			
Name of person giving Information J. H. White	How related to deceased Minister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

151  
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. H. White MD

Marion MD

No physician in charge

Accident or Suicide?



Marie Sears

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Age

20

Male

White

Married

Widow

Native of

Md

Occupation

Seamstress

Female

Colored

Single

Widower

Divorced

Number of children living

Husband

of +

Wife

Father's  
Name

Erwan Sean

Mother's

Maiden Name

Sallie Lawson

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall

Address



Name  
in  
Full

Annie Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	New Orleans		St. Tammany				
Date of death 1907	Month Dec.	Day 20 <sup>th</sup>	Age 50	Years	Months	—	Days
Sex	Female	Color or Race	Blacks	Birth-place	St. Tammany, La.		
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Fannie Stewart						
Father's Name	Samuel C. Clegg		Father's Birthplace	St. Tammany, La.			
Mother's Maiden Name	Doris Townsend		Mother's Birthplace	" "			
Name of person giving information	Dr. Andrew						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

27

How long

One year

Immediate

Nothing

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

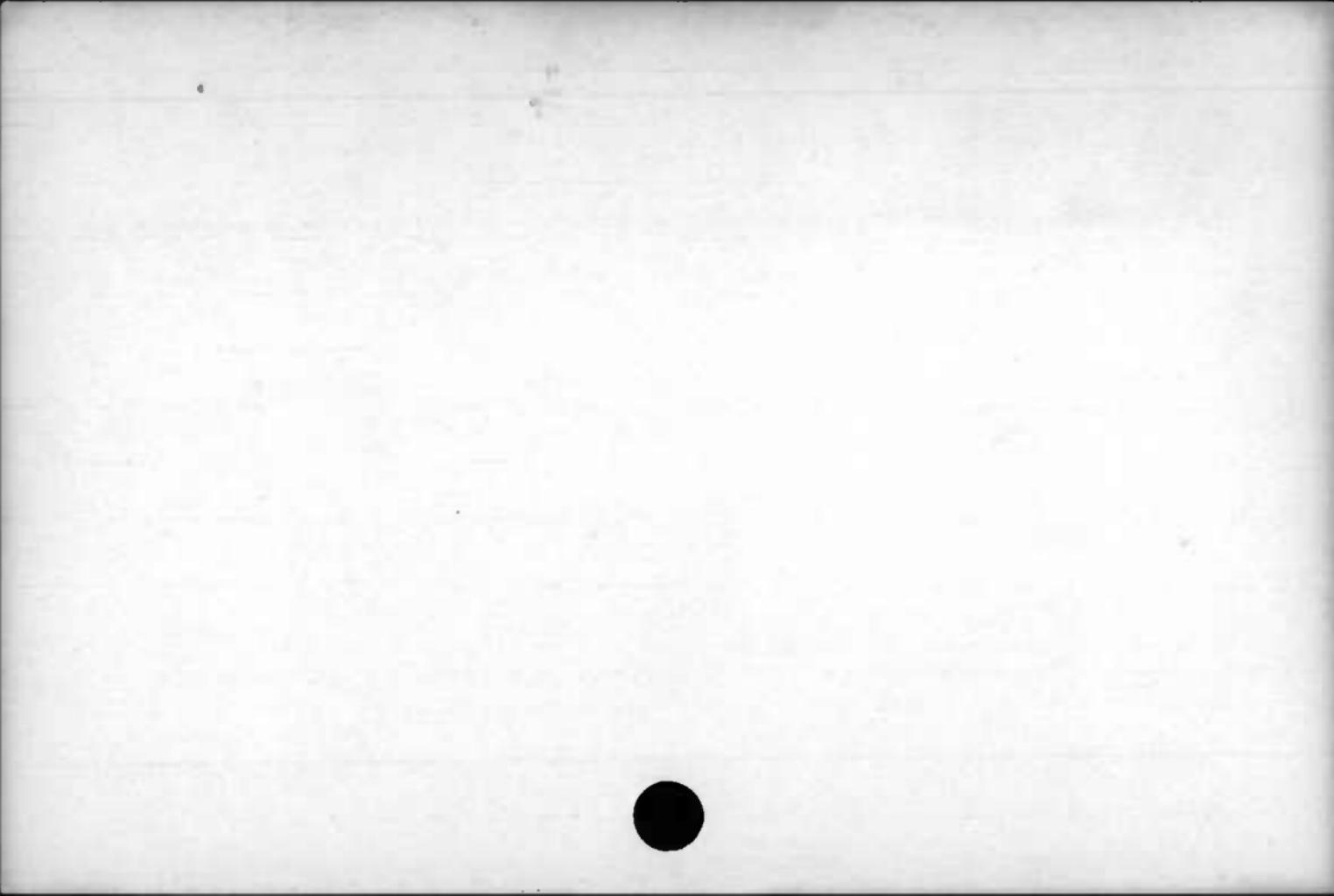
Signature of Physician

Address

9 J Smith  
(Not in evidence)

Dr. Andrew M.

Accident or Suicide?



Mariah Delighton

Town

County

MARYLAND

Died at

Elms house Somerset

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age

30

Colored

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John Delighton Malinda Delighton

Cause of

Primary

General Delighton

How long sick

Death

immediate

Wife for 6 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

179



Name in Full

Certificate of Death

Elijah T. Webster 114

Died at Town Deale's Island County Somerset MARYLAND

Date 1902 Month Dec Day 1 Y. M. D. Native of Occupation  
Male White Married Widow Fisherman  
Female Colored Single Widower Divorced  
Number of children livingHusband of \_\_\_\_\_  
Wife \_\_\_\_\_Father's Name Father's Maiden Name Mother's Maiden Name  
Jaleen T. Webster Betsy T. WebsterCause of Death Primary Octenous, (Obstructive) How long sick  
2-3 weeks

Death Immediate Asthenia Accident, Suicide, Homicide

Reported by M. G. Alexander M. D. 114

Address Deale's Island Somerset Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leavel Whittington  
Town Marion County  
Died at Sonner

MARYLAND

Date 1907	Month 12	Day 30	Age 18	Y. M. D.	Native of Md	Occupation Clerking
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower	Number of children living	+

Husband of +  
Wife

Father's Name Charles S. Whittington

Mother's Name Ida Whittington

Cause of Death	Primary: Typhoid fever	How long sick 28 days
	Immediate: Hemorrhage.	Accident, Suicide, Homicide

Reported by W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

